11429

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Fairmont Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac Heights (P.O.) Indian Head
STREET ADDRESS (If rural, give location) 27 Fairmont Place

3. NAME OF DECEASED (Type or Print) (First) William (Middle) LeRoy (Last) Abbott
4. DATE OF DEATH (Month) Oct. (Day) 16 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 10, 1900
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY for Contractor
11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William H. Abbott
14. MOTHER'S MAIDEN NAME Jennie E. O'Brien
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War I - 1 yr.
16. SOCIAL SECURITY No. 577-16-9052
17. INFORMANT AND ADDRESS Mrs. Wm. L. Abbott, Potomac Heights Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4201 Immediate cause	(a) Coronary Occlusion	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank L. Sesa (Degree or title) M.A. ADDRESS Indian Head, Md. DATE SIGNED 10-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct. 18, 1952 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 10-17-52 REGISTRAR'S SIGNATURE ~~M. L. Monroe~~ 10-20-52 Odey Price
24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300-4th St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO LOCAL REGISTRAR No._____ DATE_____

RECEIVED
OCT 20 1
BUREAU V. S.

11430

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Faulkner
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) J. (Last) Chase

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 10-26-1932

9. AGE last birthday: 19 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Faulkner, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Hicks

14. MOTHER'S MAIDEN NAME: Helen Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Helen Muschette, Faulkner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, Pulmonary — 10-16-52

0027 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Pulmonary T.B.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): [signature] — ADDRESS: La Plata, Md. — DATE SIGNED: 10-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-18-52 | NAME OF CEMETERY OR CREMATORY: St. Thomas | LOCATION (City, town, or county) (State): Bel Alton, Md.

DATE REC'D BY LOCAL REG. 10-17-52 | REGISTRAR'S SIGNATURE: Julia H. Casey | 24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md. | ADDRESS

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11431

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Aubrey (Last) Clements

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 26, 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Powder Fcty.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Newport, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Lee Clements

14. MOTHER'S MAIDEN NAME: Mary F. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Rebecca Clements, Bel Alton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10-13-52 acute

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 19 52, to 10-13 19 52, that I last saw the deceased alive on 10-13, 19 52, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Adelen M.D. ADDRESS La Plata Md DATE SIGNED 10-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-16-52

NAME OF CEMETERY OR CREMATORY: St. Thomas

LOCATION (City, town, or county) (State): Bel Alton, Md.

DATE REC'D BY LOCAL REG. 10/16/52

REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: Hewitt & Ryon, Waldorf, Md.

VS-A15 8-52

RECEIVED
OCT 20 1952
BUREAU V. S.

11432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A3

1. PLACE OF DEATH: COUNTY CHARLES; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA; LENGTH OF STAY (In this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CHARLES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DENTSVILLE (RURAL); STREET ADDRESS (If rural, give location) LA PLATA - NEWMARKET ROAD.

3. NAME OF DECEASED (Type or Print): (First) FERDINAND (Middle) CASH (Last) COOKSEY, SR.

4. DATE OF DEATH: (Month) OCTOBER (Day) 23 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 5 1928

9. AGE last birthday: 24 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - tenant

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM ELMER COOKSEY

14. MOTHER'S MAIDEN NAME: AMY L. COOKSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CARL COOKSEY; DENTSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SUB ACUTE BACTERIAL ENDOCARDITIS WITH MITRAL AND AORTIC VALVULITIS	4 1/2 MONTHS
430.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ENTERIC HEMORRHAGE - RUPTURED OESOPHAGEAL VARIX	24 HOURS
	(c) ACUTE CARDIAC FAILURE	5 MINUTES

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1952, to OCTOBER 23 1952, that I last saw the deceased alive on OCTOBER 23, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE: John H. Griffin, M.D. (Degree or title) ADDRESS: Hughesville, Md. DATE SIGNED: 10/24/52

23. BURIAL, ~~CREMATION~~ REMOVAL, (Specify): DATE 10-27-52; NAME OF CEMETERY OR CREMATORY: St Mary; LOCATION (City, town, or county) Newport (State) Md

DATE REC'D BY LOCAL REG. 10/27/52; REGISTRAR'S SIGNATURE: Julia H. Casey; 24. FUNERAL DIRECTOR: Smith & Ryon ADDRESS: Waldorf Md

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12039

CERTIFICATE OF DEATH

Reg. Dist. No. 126

1. PLACE OF DEATH:

County: Charles

City or town: Chicamuxen

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Chicamuxen.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Richard B. Davis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6.(b) Name of husband or wife: Annie B. Davis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 9, 1887

8. AGE: Years 65 | Months 8 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace: Charles County Md

(Town, county, and state)

10. Usual occupation:

11. Industry or business: Powder factory

FATHER

12. Name:

13. Birthplace: Charles Co. Md

MOTHER

14. Maiden name: Mary Davis

15. Birthplace: Dorchester, Md.

16. Informant: Mrs. Richard Davis

Address: Chicamuxen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 23 1952 (month) (day) (year)

Cemetery or crematory: Chicamuxen Church Cemetery

Location

18. Funeral director: Barnes & Matthews

Address: 614 - 4½ St S.W. Washington D.C.

19. 10/17 1952 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 19, 1952 at 9 15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 1952 to Oct 19 1952 and that I last saw h... alive on Oct 17 1952

Immediate cause of death	DURATION
Cardio-nephritis Disease	
Due to	
Due to	
Other conditions 442 X	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George O. Bicknell MD M. D. or other

Address: Bradbury Md Date signed Oct 19 52

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 18 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) (Last) Farrar
4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 1952

5. SEX F
6. COLOR OR RACE C
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept 12-1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Gulf
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Arthur Farrar Lou Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Myocardial Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vas-Renal Dis.

260x) (c) Senility

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 10/19, 1952, that I last saw the deceased alive on 10/19, 1952, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE Geo. A. Weber (Degree or title) M.D. ADDRESS Waldorf, Md. DATE SIGNED 10/20/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 10-23-52
NAME OF CEMETERY OR CREMATORY Lincoln
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 10-21-52
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) C. (Last) Gardiner
4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: April 29 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Charles
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas R. Gardiner
14. MOTHER'S MAIDEN NAME: Lucy Anne Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Acute

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1952 to Oct 6, 1952, that I last saw the deceased alive on Oct 1, 1952 and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Richard F. Daly (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 10/6/52

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: DATE THEREOF 10-8-52 NAME OF CEMETERY OR CREMATORY St Peters LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 10/6/52 REGISTRAR'S SIGNATURE ~~Julia Posey~~ per H.C.V. M.L. Monroe
24. FUNERAL DIRECTOR Hunt & Gon ADDRESS Waldorf Md

VS-A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) Edward (Last) Hamilton

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 9-16-1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Hamilton

14. MOTHER'S MAIDEN NAME: Priscilla Mc Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carrie Schaffer (Sister) 2201-D St. SE. Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	9-30 52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Heart Disease	1950
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1952, to 10-2, 1952, that I last saw the deceased alive on 10-2, 1952, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 10-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-4-52 — NAME OF CEMETERY OR CREMATORY Oakland — LOCATION (City, town, or county) (State) Waldorf Md.

DATE REC'D BY LOCAL REG. 10/4/52 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hewitt & Ryon, Waldorf, Md. ADDRESS

OCT 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12040

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jewish (Middle) SAMUEL (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 3 - 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: April 9, 1950

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Wood

14. MOTHER'S MAIDEN NAME: Annie K. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Annie K. Johnson, Port Tobacco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
581.0 Immediate cause	(a) Cholemia - due to Intrahepatic Obstructive Jaundice	10 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Biliary Cirrhosis with Ascites	1 yr.
	DUE TO (c) Congenital Malformation of Bile Ducts	Since Birth.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-3-52

19b. MAJOR FINDINGS OF OPERATION: Biliary Cirrhosis with Ascites; Intrahepatic Obstructive Jaundice

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Oct. 3, 1952, that I last saw the deceased alive on Oct. 3, 1952, and that death occurred at 10: P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. Farran Jarboe, M.D. La Plata, Md. 10-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-6-52 — NAME OF CEMETERY OR CREMATORY Ald Durham — LOCATION (City, town, or county) (State) Ironsides, Md

DATE REC'D BY LOCAL REG. 10/8/52 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 36

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) FRANK (Middle) R. (Last) LEWIS

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 19 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: May 8 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel C. Lewis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: William G. Lewis, Ironsides, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral vascular accident. — Interval between onset and death: 6 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis, cardiac disease. — 10 yrs.

DUE TO

(c) Senile.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct., 1952, to 31 Oct., 1952, that I last saw the deceased alive on 31 Oct., 1952, and that death occurred at 11:35 A.m., from the causes and on the date stated above.

SIGNATURE J. Woodd (DEGREE OR TITLE) MD ADDRESS La Plata. Md DATE SIGNED 31 Oct 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-2-52

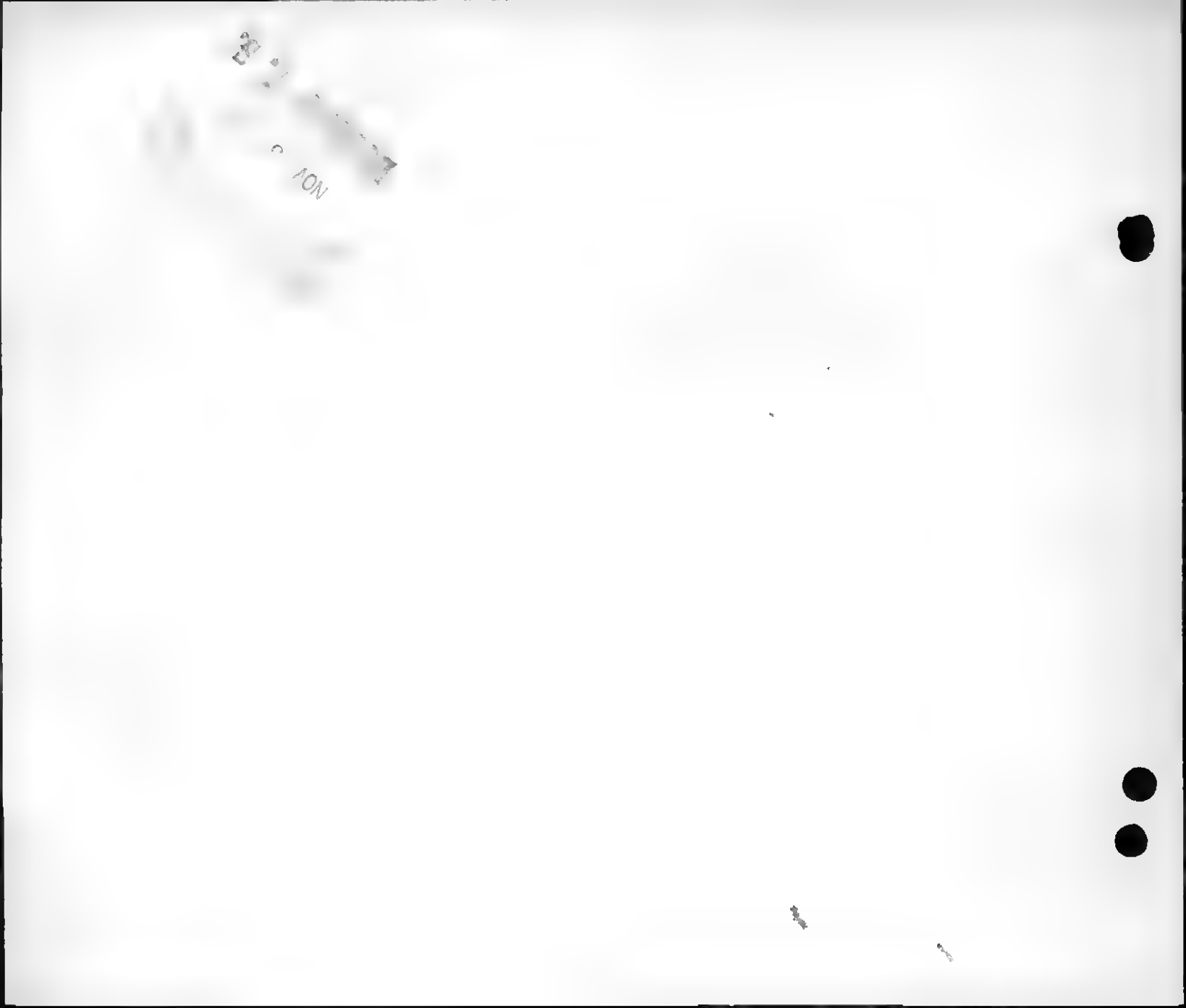
NAME OF CEMETERY OR CREMATORY Old Durham

LOCATION (City, town, or county) (State) Ironsides Md.

DATE REC'D BY LOCAL REG. 11/2/52

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hewett & Ryon, Waldorf, Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11437

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - NEWPORT
LENGTH OF STAY (In this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~CHARLES~~ Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - NEWPORT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) LEE (Last) MCNEIL

4. DATE OF DEATH: (Month) OCTOBER (Day) 20 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: AUGUST 13, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LOGGER

10b. KIND OF BUSINESS OR INDUSTRY: LOGGING

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Mc Neil

14. MOTHER'S MAIDEN NAME: Lou Emma Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Hudson McNeil Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	36 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

221K

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER 19, 1952, to OCTOBER 20, 1952, that I last saw the deceased alive on OCTOBER 20, 1952, and that death occurred at 5 20 P. m., from the causes and on the date stated above.

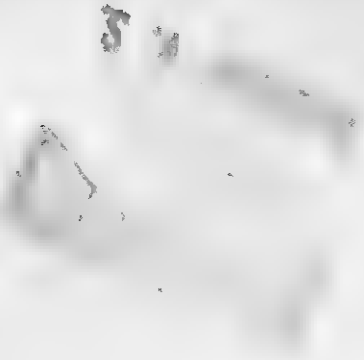
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Griffin, M.D. Hughesville, Md. October 20, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 10-23-52 — NAME OF CEMETERY OR CREMATORY Smith Cemetery — LOCATION (City, town, or county) Wise (State) Va.

DATE REC'D BY LOCAL REG. 10-21-52 — REGISTRAR'S SIGNATURE R. L. Howard — 10-22-52 Julia H. Casey

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physician's Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ironsides
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Grover (Middle) H. (Last) Palmer

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1884

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Florist

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Palmer

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Joseph H. Palmer — 1116-S. Edgewood St. Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4428		
Immediate cause	(a) Uremia.	2 wks.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio-vascular-renal disease	4 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept., 1952, to 1st Oct., 1952, that I last saw the deceased alive on 1st Oct., 1952, and that death occurred at 12 45 a.m., from the causes and on the date stated above.

SIGNATURE AND (DEGREE OR TITLE): S. Woody. MD — ADDRESS: La Plata Md. — DATE SIGNED: 1 Octo 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/4/52 — NAME OF CEMETERY OR CREMATORY: Columbia Gardens — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 10/1/52 — REGISTRAR'S SIGNATURE: Julia H. Carey

24. FUNERAL DIRECTOR AND ADDRESS: W. W. Chambers, 5801-Cleveland Ave Riverdale, Md.

OCT 3
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 39

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) (Last) TASCOE

4. DATE OF DEATH: (Month) 10 - (Day) 11 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Oct 18-1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? NS

13. FATHER'S NAME: Thomas H. Billings

14. MOTHER'S MAIDEN NAME: Mary Booths

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: George H Billings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive heart failure. — INTERVAL BETWEEN ONSET AND DEATH 3 wks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension Cardio-vascular disease — 25 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE — (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct, 1952, to 11 Oct, 1952, that I last saw the deceased alive on 11 Oct, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE S Woodd MD (DEGREE OR TITLE) ADDRESS La Plata. Md. DATE SIGNED 11 Oct 52.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 10/14/52 NAME OF CEMETERY OR CREMATORY Haly Ghost LOCATION (City, town, or county) Issue (State) Md

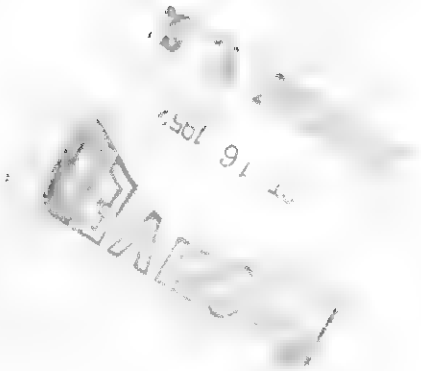
DATE REC'D BY LOCAL REG. 10-14-52 REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Lind H O'Brien Waldorf Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11440 100

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ryceville — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Mechanicsville
STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sydney A. Turner
4. DATE OF DEATH (Month) (Day) (Year): Oct 19 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): Married
8. DATE OF BIRTH: July 31-1897
9. AGE last birthday: 55 yrs. — If under 1 year: Months 2, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer on own farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Charles
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James A. Turner
14. MOTHER'S MAIDEN NAME: Mary C. Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Agatha Eunice Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Cerebral hemorrhage

443X Immediate cause (a) Uremia, chr. glomerular nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive CV disease — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..... and that death occurred at 4.00 P.M., from the causes and on the date stated above.

SIGNATURE: J. Roy Guy Other (Degree or title) M.D. — ADDRESS: — DATE SIGNED: 10/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 22-1952 — NAME OF CEMETERY OR CREMATORY: St Joseph — LOCATION (City, town, or county) (State): Morganza St Mary's Md

DATE REC'D BY LOCAL REG.: 10/21/52 — REGISTRAR'S SIGNATURE: Camalee — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

10-23-52 J. Wells Posey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 19--
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11441

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 301 (1 mile South of White Plains)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nutley
STREET ADDRESS (If rural, give location) 103 Hawthorne Avenue

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) M. (Last) Van Duzer

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept 6, 1930

9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Howard VanDUZER

14. MOTHER'S MAIDEN NAME Dorothy Isabelle (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) Korean

16. SOCIAL SECURITY No. - - - - - - - -

17. INFORMANT AND ADDRESS Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple fractures Rt side of face and

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Skull with massive injury right

(c) side of face.

INTERVAL BETWEEN ONSET AND DEATH: None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 301 (CITY OR TOWN) White Plains (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) Oct. (Day) 27 (Year) 1952 (Hour) 6 30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head-on Collision with Trailer Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Indian Head, Md DATE SIGNED 10-27-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 31, 1952
NAME OF CEMETERY OR CREMATORY Glendale Cemetery
LOCATION (City, town, or county) Bloomfield, New Jersey (State)
DATE REC'D BY LOCAL REG. 11/3/52
REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 6 1952
BUREAU V. S.